

<b>STATEMENT OF ORGANIZATION</b>		<b>OFFICE USE ONLY</b>									
<b>1. Name and Address of Committee</b>  LOUISIANA FIRST PAC 9443 MANSFIELD ROAD SUITE C SHREVEPORT, LA 71118  Check If: New Committee _____	<b>2. Date of this Statement</b>  <div style="text-align: center;">1/11/2016</div>	<b>Report Number:</b> 55916  <b>Date Filed:</b> 1/11/2016									
	<b>3. Estimated Membership</b>  <div style="text-align: center;">100</div>										
	<b>4. Amended Statement?</b>  <div style="text-align: center;"> <input type="checkbox"/> Yes     <input checked="" type="checkbox"/> No         </div>										
<b>5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 33%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>SHERRI BUFFINGTON</td> <td>Chairperson</td> <td>9443 MANSFIELD ROAD SUITE C SHREVEPORT, LA 71118</td> </tr> <tr> <td>NANCY BRADFORD</td> <td>Treasurer</td> <td>9443 MANSFIELD RD SUITE C SHREVEPORT, LA 71118</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	SHERRI BUFFINGTON	Chairperson	9443 MANSFIELD ROAD SUITE C SHREVEPORT, LA 71118	NANCY BRADFORD	Treasurer	9443 MANSFIELD RD SUITE C SHREVEPORT, LA 71118
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<b>6. Affiliated Organizations</b> <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 33%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
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<b>7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2">On attached sheet</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	On attached sheet						
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<b>8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:</b> a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
<b>b. Name of Candidate</b>	<b>c. Office Sought by the Candidate</b>										
<b>9. a. Name of Person Preparing Report</b> AMANDA GUIDRY MALOY  <b>b. Daytime Telephone</b> 225-767-7163											
<b>10. WE HEREBY CERTIFY</b> that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.  This <u>11th</u> day of <u>January</u> , <u>2016</u> .  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 10px;"> <u>Sherri Buffington</u>            Signature of Committee/Chairperson         </td> <td style="width: 50%; vertical-align: top; padding: 10px;"> <u>318-469-3474</u>            Daytime Telephone         </td> </tr> <tr> <td style="vertical-align: top; padding: 10px;"> <u>Nancy Bradford</u>            Signature of Committee Treasurer, if any         </td> <td style="vertical-align: top; padding: 10px;"> <u>318-687-4077</u>            Daytime Telephone         </td> </tr> </table>			<u>Sherri Buffington</u> Signature of Committee/Chairperson	<u>318-469-3474</u> Daytime Telephone	<u>Nancy Bradford</u> Signature of Committee Treasurer, if any	<u>318-687-4077</u> Daytime Telephone					
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7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

OUACHITA INDEPENDENT BANK

b. Address

9010 ELLERBE RD  
SHREVEPORT, LA 71106